

**The Republic of TURKEY
The COUNCIL of HIGHER EDUCATION**

DEPARTMENT of RECOGNITION and EQUIVALENCE SERVICES

I kindly submit my below request for your information and request you to take necessary actions.

Turkish ID No / YU No / Ppt. No												
Name												
Surname												
Country of Education												
Name of the University and the Academic Program												
Date and Number of the Application												
Current Address												
	District:	Province:						Country:				
E-mail Address:												
Contact Nr:	GSM	0	5									
	Home/Work:											
Signature												
Name and Surname of the Official Representative												

REASON for REQUEST	
I request the "Assessment in Progress Letter".	0
I want to withdraw my application.	0
I want to get my original documents back in the file.	0

OTHER:

- **All information is required in UPPERCASE letters and complete.**
- **In case of name change or multiple name-surname, all names must be specified.**
- **If multiple transactions are requested, transaction fees must be paid separately.**